

# Mental Health Initiative - Non-Mandated Children Reporting Form

CSB: \_\_\_\_\_ Report Date: \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Expenditures

## Allocation:

1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total Expenditures

**Balance Remaining** (Allocation – Total Expenditures):

## Children Served

(Please report all children served in during the first quarter and only new children for each quart thereafter)

1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total